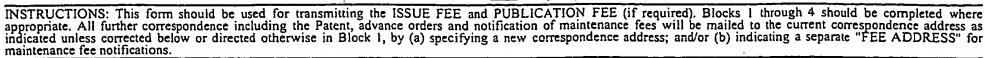
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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03/19/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,945	01/25/2002	Gil U. Lee	N.C.83,636	6935

TITLE OF INVENTION: ULTRASONIC FORCE DIFFERENTIATION ASSAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	. \$1630	06/21/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DO, PENSEE T		1641	436-518000		
Change of correspondence address or indication of "Fee Address" (37 R 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			For printing on the patent front page armes of up to 3 registered patent gents OR, alternatively, (2) the name rm (having as a member a registered gent) and the names of up to 2 registerency torneys or agents. If no name is list ill be printed.	attorneys or 1 IOHN I e of a single d attorney or stered patent 2. STEPHEN	KARASEK T. HUNNIUS

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINT	ED ON THE PATENT (print or type)				
PLEASE NOTE: Unless an assignee is identified below, no as been previously submitted to the USPTO or is being submitted (A) NAME OF ASSIGNEE	assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
UNITED STATES OF AMERICA AS REPRESENTED BY THE SECRETARY OF THE NAVY					
Please check the appropriate assignee category or categories (will	not be printed on the patent); 🔾 individual 🔾 corporation or other private group entity 🂆 governmen				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
🙎 Issue Fee	A check in the amount of the fee(s) is enclosed.				
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0281 (enclose an extra copy of this form).				
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